HIPDB / NPDB

**(Health Integrity & Protection Data Bank/
National Practitioner Data Bank)**

MALE: _____   FEMALE: _____

LAST NAME: _____

FIRST NAME: _____

BIRTH DATE: _____

HOME ADDRESS: _____

_____

SOCIAL SECURITY #: _____

SCHOOL(S) ATTENDED: _____

YEAR OF GRADUATION: _____

STATE OF LICENSURE: _____

STATE LICENSE NUMBER #: _____

SPECIALTY: _____

OCCUPATION: _____